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APPLICANTS

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**\*\* CONTINUING DATA \*\***

This application is a CON of 10/039,384 12/31/2001 PAT 6,689,167  
 which is a DIV of 09/179,920 10/27/1998 PAT 6,371,986

**\*\* FOREIGN APPLICATIONS \*\***

IF REQUIRED, FOREIGN FILING LICENSE GRANTED \*\* SMALL ENTITY \*\*  
**\*\* 05/06/2004**

Foreign Priority claimed <input type="checkbox"/> yes <input checked="" type="checkbox"/> no	STATE OR COUNTRY WA	SHEETS DRAWING 19	TOTAL CLAIMS 1	INDEPENDENT CLAIMS 1
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35 USC 119 (a-d) conditions met ☐ yes ☒ no ☐ Met after

Verified and Acknowledged ☒ Yes ☐ No

Examiner's Signature \_\_\_\_\_ Initials \_\_\_\_\_

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TITLE  
 Bone joining implant with retaining tabs

FILING FEE  RECEIVED 385	FEES: Authority has been given in Paper No. _____ to charge/credit DEPOSIT ACCOUNT No. _____ for following:	<input type="checkbox"/> All Fees <input type="checkbox"/> 1.16 Fees ( Filing ) <input type="checkbox"/> 1.17 Fees ( Processing Ext. of time ) <input type="checkbox"/> 1.18 Fees ( Issue )
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